



UTAH HOUSE OF REPRESENTATIVES

CONFLICT OF INTEREST & FINANCIAL DISCLOSURE

1. **Name:** Francis D. Gibson

2. **Employment**

Primary employer	Brief description of employment	Occupation or job title
Riverwoods Surgery Center	Oversee day to day operation of same day surgery center	Administrator

3. **Entities which you own or of which you are an officer**

[see 2010 Gen. Session, HB 270, pg 13 - (iv)]

Name of entity	Type of activity conducted by the entity	Your position / interest in the entity
Class V Investments Family Surgical Suite	Ownership or management of Healthcare related business	20% owner

4. **Each entity that has paid \$5,000 in income to you within the one-year period prior to the date of this form. [see 2010 Gen. Session, HB 270, pg 13. - (v)]**

Name of entity	Type of activity conducted by the entity
Class V Investments Riverwoods Surgery Center	Management activities of Health Care Businesses Primary employer

5. **Each entity in which you hold any stocks or bonds having a fair market value of \$5,000 or more as of the date of this form (does not include funds that are managed by a third party, including blind trusts, managed investment accounts, and mutual funds). [see 2010 Gen. Session, HB 270, pg 13 - (vi)]**

Name of entity	Type of activity conducted by the entity

6. **Organization or entity, other than listed above, for which you serve on the board of directors or in any other formal advisory capacity. [see 2010 Gen. Session, HB 270, pg 13 - (vii)]**

Name of entity	Type of activity conducted by the entity	Your position / interest in the entity
VASCA	Surgery Center Association works to provide lower cost health care options for the general public	Vice President

7. **Real property in which you hold an ownership or other financial interest that you believe may**

constitute a conflict of interest. *(optional)*

[see 2010 Gen. Session, HB 270, pg 13 - (viii)]

Description of real property	Description of interest held
N/A	

8. **Name of spouse and any other adult residing in your household that is not related by blood or marriage.** [see 2010 Gen. Session, HB 270, pg 13 - (ix)]

Shiela Gibson

9. **Information for your spouse and any other adult residing in your household that is not related to you by blood or marriage, as applicable.** [see 2010 Gen. Session, HB 270, pg 14 - (x)]

Name	Brief description of employment	Occupation
Shiela Gibson	Homemaker	

10. **Any other matter or interest you believe may constitute a conflict of interest.** *(optional)*

N/A

I certify that I believe the information provided in this form is true and accurate to the best of my knowledge.

s/Francis D. Gibson
(Signature)

12-13-10
(Date)

Received by the Chief Clerk of the House:

s/Sandy D. Tenney
(Signature)

12-13-10
(Date)